



## **SIYAC YOUTH MEMBER DESCRIPTION AND EXPECTATIONS**

The State of Iowa Youth Advisory Council consists of no more than 21 members representing the entire state. SIYAC is a youth advisory council that operates under the umbrella of the Iowa Collaboration for Youth Development (ICYD). SIYAC members chosen to serve will reflect the positive differences in our state and among its young people. Any youth between the ages of 14 and 19 during the 2009-2010 school year is encouraged to apply. Students must be in high school to be appointed to SIYAC, but can be re-appointed until they are nineteen years of age. If you are interested in having an opportunity to share your opinions with those individuals who can affect change in this state, please fill out an application and return it to the SIYAC Coordinator.

- Applications are accepted year-round and all youth members will serve a one-year term beginning in August.
- Youth who are in good standing with the committee may seek to reapply for membership for consecutive years.
- Youth must be enrolled in high school when first elected to SIYAC.
- Youth will be expected to attend all quarterly SIYAC meetings and if possible, the SIYAC retreat/joint youth training. If absences occur, membership will be evaluated by the executive committee based on the members' contribution to SIYAC.
- Youth will be responsible for their own transportation to the SIYAC meetings. Mileage reimbursement will be provided for the members. Meetings are held in Des Moines.
- One meeting a year will be an organized social event.
- Youth serving on the committee will receive support for/on this project from a State Mentor and a State Government Contact.
- Youth will be responsible for gathering input/opinions from other youth in their community prior to each SIYAC meeting.
- Youth will be asked to form other subcommittees within SIYAC to discuss the issues that are presented.

# State of Iowa Youth Advisory Council

## YOUTH APPLICATION

Please fill out the following legibly.

Full Name: \_\_\_\_\_

Birthday (month/day/year): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level (2009-10): \_\_\_\_\_

Congressional District: \_\_\_\_\_

(If unsure, visit [www.legis.state.ia.us/Redist/countylist.pdf](http://www.legis.state.ia.us/Redist/countylist.pdf))

Length of time lived in Iowa: \_\_\_\_\_

How did you hear about SIYAC? : \_\_\_\_\_

**Please complete typed answers to the following on separate pages and attach to this application.**

1. Have you been involved with SIYAC or SIYAC-sponsored activities in the past?

2. Please explain your involvement in any formalized youth group within your community or school. What is the purpose of the group and what would you do to formally connect state-wide issues to this group?

3. The State of Iowa Youth Advisory Council is a group of young people who will have a voice for all youth in the state. How are you representative of youth in Iowa?

4. Describe one action that you believe the State of Iowa Youth Advisory Council could take to improve the lives of youth in Iowa.

5. Serving on SIYAC requires dedication and extra time commitment outside of classes and school sponsored activities. What other activities do you have planned for this school year? Will you be able to dedicate adequate time to your SIYAC responsibilities if you are selected as a member?

6. If selected as a member, are you willing to talk to a local coalition, legislators, and other groups about SIYAC and its initiatives?

7. Please provide one letter of recommendation from an adult or mentor in your community that addresses the applicant's strengths individually and working within a team. The letter should address how long the adult or mentor has known the applicant and in what capacities. Please clearly include the mentor's name and contact information. Examples of possible mentors include but are not limited to school personnel, 4-H leaders, community coalition members, legislator, minister, etc.

**Please send application to [annelise.plooster@iowa.gov](mailto:annelise.plooster@iowa.gov) or by fax at 515-242-6119 or Annelise Plooster at:  
State of Iowa Youth Advisory Council  
Department of Human Rights  
Lucas State Office Building  
321 E. 12th Street  
Des Moines, IA 50319**